

09 937076

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<small>FILING DATE</small> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
							<small>APPLICANT(S)</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			a		b		c	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
1							51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9		9				TOTAL IND.						
TOTAL DER.	31		11				TOTAL DER.						
TOTAL CLAIMS	40		20				TOTAL CLAIMS						

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS